

Finds Millions Are Wasted," and says "Money That Could Improve Treatment Goes to Operate Unneeded Buildings." That report noted that the Veterans Administration "Spends more than \$1 million a day to operate unneeded hospital buildings, where a dwindling number of veterans receive care in under-populated wards," and that of the "more than \$17 billion that the Veterans Administration receives each year to provide health care to veterans, it spends about one-fourth of the money caring for 4,700 buildings around the country."

The Austin American-Statesman editorialized similarly "Veterans Hospitals Monuments to Waste." The General Accounting Office itself noted that the Veterans Health Administration "could enhance veterans' health care benefits if it reduced the level of resources spent on underused, inefficient, or obsolete buildings and reinvested these savings, instead, to provide health care more efficiently in future facilities at existing locations or new locations closer to where veterans live."

That is certainly what we need in Central Texas. And the advice seems pretty reasonable. It reminds me of the baseball legend Wee Willie Keeler who, when asked the secret to hitting, replied "hit it where they ain't." Well, I believe the Veterans Administration needs to provide more services where our veterans are rather than simply maintaining under-utilized buildings and making people come to them.

I believe that today's legislation represents a modest step in that direction.

We should pledge ourselves to the fulfillment of our obligations to those who have suffered in the defense of our country. To do less would be to sell short the very principles we profess to value so highly as a nation.

Mr. REYES. Mr. Speaker, I yield myself such time as I may consume.

As a Nation, Mr. Speaker, we are seeing a growing population of older veterans whose health care needs are increasingly complex and, in some cases, serious. Moreover, these veterans are entering a system which is in transition, moving toward a greater outpatient and community-based treatment.

At the same time, the VA is suffering under straining and insufficient budgets, this bill is vital as it restores security and confidence in veterans' health care in this changing environment. Therefore, as a member of the Committee on Veterans Health Affairs, I am proud that this bill focuses on important priorities, including long-term services and reimbursement for emergency care services to our veterans.

In addition, I am pleased that this bill requires input and planning as the Veterans Administration attempts to restructure and modernize its facilities so that the VA will continue to treat veterans regardless of their health care provider.

In addition, I am proud of the provisions which strengthen long-term care.

We have seen reduced levels of long-term care as veterans are prematurely discharged from long-term care facilities. Inadequate time in long-term care is a short-sighted method of trying to care for larger numbers of aging veterans.

This bill attacks this problem by assuring that veterans with health care conditions due to military service can obtain long-term care for as long as they need it.

Also, I am pleased that that bill makes sure that veterans are reimbursed for emergency care no matter where they get that treatment. Veterans and their families deserve to know that they can obtain emergency care and not later be financially strapped or devastated because the VA refuses to reimburse them.

This bill rectifies this situation, following the request of the VA and the President's Patients' Bill of Rights. It also allows VA to reimburse any high priority enrolled veterans for medical emergencies.

In summary, this millennium bill is the most comprehensive health care bill for veterans in the past 5 years. It provides a framework that better ensures that the views of veterans, employees, and veterans' advocates are taken into account and that the VA finds the best way to care for our Nation's veterans.

Health care for our veterans should not be compromised. With this bill, we are taking important steps to ensure that we meet our needs and our obligations to these proud Americans who have sacrificed so much for our country.

I, therefore, am pleased and proud to support this bill, and I ask all my colleagues to join in passing this important legislation.

Mr. Speaker, I yield back the balance of my time.

Mr. STUMP. Mr. Speaker, I would like to thank the gentleman from Illinois (Mr. EVANS), ranking member of the full committee; as well as the chairman of the Health Subcommittee, the gentleman from Florida (Mr. STEARNS); and also the gentleman from Texas (Mr. REYES) for all their hard work in bringing this bill to the floor.

Mrs. CHRISTENSEN. Mr. Speaker, I rise today in support of the Veterans Millennium Health Care Act and I compliment my colleagues Mr. STUMP and Mr. EVANS for bringing this bill to the floor today.

Mr. Speaker, we can all agree that we have not done right by our Veterans. Over and over we have told our young men and women that if they answered their country's call to serve, we would provide for their health for the rest of their lives. But, sadly, this has not been done. We have instead, continued to reduce spending for veterans services and at the same time narrowly classify the eligibility for veterans to receive this limited services.

It is because of this why I am pleased to support the Veterans Millennium Health Care Act because it begins to reverse this unfair treatment towards veterans and responds to some of their pressing needs.

Some of the bills key provisions include the requirement that the VA increase both home and community-based long term care particularly for veterans who are 50% service-connected and veterans needing care for a service-related condition. This provision is particularly important to the veterans in my Congressional District who have to travel, at their own expense, to the neighboring island of Puerto Rico for their care.

I am likewise very pleased that the bill would also authorize the VA to pay reasonable emergency care cost for service-connected, low-income and other high priority veterans who have no health insurance of other medical coverage, authorize an increase in the co-payment on prescription drugs and extend the VA's authority to make grants to assist homeless veterans.

Mr. Speaker, in my previous life as a Family Physician, I counted many of our local veterans as my patients. I got to know many of them very well and came to understand the disappointment that feel about their apparently renegeing on the promises that were made to them when they enlisted. It is time that we begin to do right by our veterans and H.R. 2116 is a good beginning.

I urge my colleagues to support this important bill.

Mr. GILMAN. Mr. Speaker, I reluctantly rise in opposition to H.R. 2116, the Veterans Millennium Health Care Act.

I say reluctantly because the majority of H.R. 2116 contains provisions that expand services to veterans and provide many vitally needed benefits. These include: requiring the VA to provide long term care to veterans with service connected disabilities of 50% or greater, lifting the six month limit on VA adult day health care, providing Purple Heart recipients with the same priority as POWs in regards to health care, expanding services for homeless veterans, grants higher priority access to VA medical services for military retirees, extends authority for the VA to provide counseling for sexual trauma victims, and expands VA's authority to lease unneeded property.

My primary objection to this legislation is with regard to section 107, which sets out conditions under which VA medical facilities can be closed and veterans sent to local hospitals for care.

VA medical facilities represent a unique resource. There are many who would argue that their maintenance costs could be best used in other areas, and for this reason they should be closed if they are being underutilized. I do not agree with that assessment.

If these facilities are being underutilized, as the critics would claim, it is through no fault of the veteran. There has been a concentrated drive underway in recent years in the VA to increase the amount of health care provided on an outpatient basis. This is commendable, and necessary to hold down costs, as everyone knows outpatient care is often more efficient and cheaper to provide than traditional inpatient care.

However, this drive towards efficiency has left far too many of our veterans in its wake. Not all veterans can be best treated in an outpatient setting. The ironic fact is that those who are most in need of traditional inpatient care: the elderly, the immobile, the paralyzed, the mentally ill, the homeless and the substance abuser, are the individuals who could best use the existing "underutilized" facilities that many are eager to close.